

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

HOME CARE &amp; HOSPICE PAC

ADDRESS (number and street)

c/o Simone Consultants LLC

4130 Whitney Avenue

Hamden

CT

06473

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)

info@homecareandhospicepac.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

homecareandhospicepac.org

2. DATE 

M	M
0	1

 / 

D	D
2	2

 / 

Y	Y	Y	Y
2	0	0	7

3. FEC IDENTIFICATION NUMBER

C C00431981

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Ruth L ConstantSignature of Treasurer Electronically Filed by Ruth L Constant

Date

M	M
0	3

 / 

D	D
2	0

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Y	Y	Y	Y
2	0	0	9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)